

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jun 09, 1999 8:00 am  
Secretary of State

06-09-1999 90007 047 \*\*\*550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000028766

1. Corporation Name

U.S. MAINTENANCE AND MANAGEMENT SERVICES CORPORA  
TION

Principal Place of Business

2180 W. STATE RD. 434. SANLANDO CENTER  
LONGWOOD FL 32779

Mailing Address

P.O. BOX 609089  
ORLANDO FL 32860-9098

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1997

4. FEI Number

59-3452977

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

ARMSTRONG, BRIAN P  
1000 COLOR PL.  
APOPKA FL 32703

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE  
NAME CIRELLO, JOHN  
STREET ADDRESS 1000 COLOR PL.  
CITY-ST-ZIP APOPKA FL 32703

TITLE D ☒ DELETE  
NAME BENCINI, MORRIS A  
STREET ADDRESS 1000 COLOR PL.  
CITY-ST-ZIP APOPKA FL 32703

TITLE P ☒ DELETE  
NAME MIRANDA, NORM  
STREET ADDRESS 2180 W SR 434 SUITE 1100  
CITY-ST-ZIP LONGWOOD FL 32779

TITLE VP ☒ DELETE  
NAME WOOD, JOHN  
STREET ADDRESS 2180 W SR 434 SUITE 100  
CITY-ST-ZIP LONGWOOD FL 32779

TITLE C ☐ DELETE  
NAME JENSEN, STEVE  
STREET ADDRESS 1000 COLOR PL  
CITY-ST-ZIP APOPKA FL 32703

TITLE AT ☒ DELETE  
NAME JUNG, KRISTI  
STREET ADDRESS 1000 COLOR PL  
CITY-ST-ZIP APOPKA FL 32703

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition  
1.2 NAME Tillman, Jr., John L.  
1.3 STREET ADDRESS 1000 Color Place  
1.4 CITY-ST-ZIP Apopka, FL 32703

2.1 TITLE D, V ☒ Change ☐ Addition  
2.2 NAME Bencini, Morris A.  
2.3 STREET ADDRESS 1000 Color Place  
2.4 CITY-ST-ZIP Apopka, FL 32703

3.1 TITLE T ☐ Change ☒ Addition  
3.2 NAME Perry, James A.  
3.3 STREET ADDRESS 1000 Color PLace  
3.4 CITY-ST-ZIP Apopka, FL 32703

4.1 TITLE S ☐ Change ☒ Addition  
4.2 NAME Armstrong, Brian  
4.3 STREET ADDRESS 1000 Color Place  
4.4 CITY-ST-ZIP Apopka, FL 32703

5.1 TITLE AS ☐ Change ☒ Addition  
5.2 NAME Martin, Kirk D.  
5.3 STREET ADDRESS 1000 Color Place  
5.4 CITY-ST-ZIP Apopka, FL 32703

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE:

KIRK D. MARTIN

MAY 14, 1999

407/880-0058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)